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ABSTRACT

As mental health policies and systems become subject to legislative and public scrutiny, more information is needed to evaluate such programs in the United States and abroad. A cross-national survey of 42 countries and provinces compared mental health policies, mental health services, awareness of these services, evaluation, and financing. Notable differences were found that were not always accounted for in terms of level of economic development. Differences in the range of mental health services were not attributable to the type of financing, although economic development predicted gaps in service delivery. The trend toward community-based facilities was equally popular in countries other than the United States. While most countries collected information about mental illness, many did not tabulate or publicize their findings. The results suggest a need to continue this research on a systematic basis. (Author/JAC)

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CROSS-NATIONAL PERSPECTIVES ON MENTAL HEALTH SYSTEMS AND SERVICES: A SURVEY OF TWENTY-EIGHT COUNTRIES

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Mental Health Systems and Services: A Survey of Twenty Eight Countries

Introduction

As trans-Atlantic travel becomes facilitated through supersonic transport, the exchange of ideas and experiences can likewise, be effectuated. More specifically, as mental health policies and systems become subject to legislative and public scrutiny in this country, it is of interest to learn about mental health policies, the variety of mental health services offered, to what extent is their awareness of these services, how are services evaluated, and how care is financed in other countries.

Mental Health Policy

With regard to Mental Health policies in this country, Brown (1979) describes changes in U.S. mental health policy during the last thirty-five years. After World War II the federal government planned the first nationally oriented system of psychiatric treatment, rehabilitation and prevention. The National Institute of Mental Health coordinated that policy, particularly through the Community Mental Health Centers program which was initiated in the 1960's. A significant trend has been the de-institutionalization of state psychiatric hospital patients due to fiscal as well as ideological justification. Whereas disbursement of grant programs emanated from Federal sources, the Community Mental Health Systems Act just enacted allots

responsibility and funding to the individual states. Grant programs receiving funding are the following: Community Mental Health Centers, services for the chronically mentally ill individuals, services for severely disturbed children and adolescents, mental health services for the elderly, non-revenue producing services, mental health services in health care centers, innovative projects, and prevention of mental illness. These programs were first proposed by the Health, Education and Welfare Task Force on the Report to the President from the President's Commission on Mental Health in 1978.

Hence it is of interest to learn whether mental health policy is determined by a centralized governing agency and/or decentralized governing agencies in other countries. Also, in mental health policy determined separately from medical policy in other countries? Is this last issue a function of the level of technology in any given country? A report issued by the World Health Organization (W.H.O.) in a 1976 meeting on mental health legislation examined policies in only one region. Since W.H.O. is organizationally divided into regions, collective reports are not issued on a universal basis, nor are reports standardized.

Range of Services

An array of mental health services are offered in this country: inpatient (state, public, and private psychiatric hospitals), partial hospitalization programs, outpatient services (both in community mental health centers and in private/public clinics), and residential treatment programs. The Community

Mental Health Centers Acts (P.L. 94-63 and P.L. 95-622) require that each federally funded community mental health center provide the following services: inpatient, emergency, adult outpatient, partial hospitalization, follow-up care for deinstitutionalized patients, mental health services for the elderly, specialized treatment for children, screening service prior to referral to a Stare psychiatric facility, transitional half-way house for deinstitutionalized patients, alcoholism abuse, drug addiction, and consultation and education services. A recent article by Buck and Hirschman (1980) takes a dim view of the benefits resultant from the community mental health center movement. The authors posit that it would be difficult to attribute significant decreases in state mental hospital populations specifically to programs derived from the community mental health center movement. First, it should be made clear that, as mentioned previously, the reduction of state psychiatric hospital populations is not the only focus of these mental health centers. A major purpose of the centers is to provide services to those who would otherwise not be able to afford them. Second, studies of where deinstitutionalized go upon discharge have not been undertaken and there is every reason to believe that mental health centers do treat many of these cases.

Buck and Hirschman (1980) are also on very tenuous ground when they posit that the reduction of the number of government subsidized "mental health franchises", as they term community

mental health centers, would likely increase the number of alternatives available to the consumer. There is no evidence for this.

Although most of the services listed above involve direct treatment of mental illness, the new Community Mental Health Systems Act clearly offers a provision for Preventive services for Mental Health. Bloom (1979) states that no national policy currently exists with regard to the enhancement of health. The present mental health system is oriented toward the treatment of individuals who are already ill and not toward prevention of mental illness. He presents a model for prevention which departs from the search for long-standing pre-disposing factors in psychopathology and seeks to investigate fare more recent precipitating factors. Preventive services which are linked to stressful life events may prove to be effective. Perhaps as states assume responsibility for the provision of mental health treatment services, the federal government (via the National Institute of Mental Health) can mobilize its forces to conduct needed research on how illness can be prevented and how good mental health can be fostered.

Nonetheless, the question remains as to what types of mental health services and facilities countries provide. Has the trend from institutionalization to community-based care been accepted in other countries? Do other countries provide preventive programs to reduce the incidence of mental illness? Again, the World Health Organization has conducted a survey in 1976 to answer some

of these questions but the sample consisted only of European countries. Another study conducted in 1973 was not based solely on empirical evidence and tended to focus on Eastern European countries. Although the question of prevention of mental illness was raised by a W.H.O.seminar as early as 1964, further work does not seem to have evolved.

Awareness of Mental Health Services

An important article by Favaz et al.(1978) emphasized that close collaboration between medical, social service, education and psychiatric professionals is needed to promote more effective service systems. One may expand this recommendation by proposing that integrating mental health services with primary medical care would yield the most efficacious form of treatment. Jones and Vischi (1979), in a review of 25 studies which examine the impact of alcohol, drug abuse and mental health treatment on medical care utilization, conclude that medical care utilization was reduced as a consequence of alcohol, drug abuse and mental health treatment. The authors discuss methodological limitations of the various studies and delineate suggestions for future research. Several papers have been published which discuss either the relationship between psychiatric and medical disorders and service utilization or how an integration of services can best be achieved (Coleman and Patrick, 1976; Eastwood and Trevelyn, 1972; Eisenberg, 1979; Follette and Cummings, 1967; Goldberg, Krantz and Locke, 1970; Jacobson, Regier and Burns, 1978;

Locke and Gardner, 1969; Meyer, Derogatis, Miller, Park and Whitemarsh, 1978; Schwab, Traven and Warheit, 1978; Shepherd, Cooper, Brown and Kalton, 1966).

A very systematic elaboration of conceptuals models of linkage between general health and mental health systems of care is presented by Pincus (1980). Differences between models are dependant on the extent to which the relationship is contractual, functional, or educational. The six models are as follows: Agreement, Triage, Service Delivery Team, Consultation and Service, Supervision and Education, and Integrated Health Care System. The last model represents a fluid synthesis of the three elements of the relationship. In this model the mental health providers are integrated into the day-to-day functioning of a primary health care team. The author cautiously states that he is not judgemental as to which model is most effective but rather suggests the use of different approaches for a given context.

The need for linkage between health and mental health services was underscored by the H.E.W. Task Force on the Report to the President from the President's Commission on Mental Health and the inclusion of the provision of grant funding in the Community Mental Health Systems Act demonstrates legislative commitment to realizing this need. How this linkage is to be realized is not specified.

The coordination of mental health services at the neighborhood level has been explicated by Borus, Janowitch and Keiffer (1978)

who suggest that the provision of mental health services within a neighborhood-based primary health setting can

1) improve their accessibility, acceptability to and utilization by neighborhood citizens.
2) improve case-finding, successful referral, coordination of care, long-term follow-up and prevention/educational efforts to meet general and specific population needs.
3) improve the efficiency of the total primary health care delivery system.
4) increase the priority of and concern for mental health problems among community citizens.
5) offer unique opportunities for necessary training in primary health and mental health care.

Whether the above model will be widely adopted in this country or whether it is particularly suitable to non-technological societies remains to be seen. Many countries may not consider mental health a high priority if hunger and disease are rampant. Nonetheless, given our predominant dichotomy of medical and mental health systems, the question remains as to what degree are medical professionals and facilities aware of the services offered by mental health professionals and facilities in other countries? A brief discussion of this problem was made by W.H.O. in 1971.

Baskin and Simari (1980) noted that individuals may have great difficulty locating a mental health professional since centralized referral agencies do not exist throughout our country. Moreover, medical professionals may be reluctant to refer individuals due to the potential loss of revenue or to the failure of

the mental health field to demonstrate the effectiveness of treatment.

Evaluation of Services

In this country a number of procedures have been developed to evaluate the effectiveness of mental health treatment. These procedures have, for the most part, been developed by researchers working in the mental health system and by the National Institute of Mental Health. The latter has developed evaluation procedures primarily for implementation in Community Mental Health Centers since each center is mandated to spend 2% of its annual budget on program evaluation. Evaluation usually entails statistical analyses of patient characteristics and services delivered, assessment of need, quality assurance, and evaluation of treatment outcome.

The National Institute of Mental Health gathers statistics on public, state psychiatric, veterans administration, private hospital facilites, general hospital psychiatric services, residential treatment centers for emotionally disturbed children, outpatient mental health facilities, day-night facilities, transitional mental health facilities, and community mental health centers since the Institute has jurisdiction over these facilities. Private mental health clinics may be obliged to submit statistical breakdowns to local or state reporting agencies but variation exist from state to state and there is no central agency to which all mental health facilities report.

In the United States all patients admitted to a mental health facility are diagnosed according to the International Classification of Diseases (ICD-9) or the Diagnostic and Statistical Manual (DSM III). The two systems are identical with regard to the primary diagnosis but the latter system also includes other aspects of a patient's functioning. Although the National Institute of Mental Health does publish statistical reports on psychiatric diagnosis several years after they are collected, these are based only on those institutions and facilities that submit data to them. Numerous private outpatient and other facilities never submit such information to N.I.M.H.

With regard to the evaluation of the effectiveness of treatment, substantial variation exists from facility to facility. The extent to which a facility evaluates its effectiveness is very often based upon the source of its funding and the regulating agencies which govern it. Those facilities which receive Medicaid reimbursement would naturally have to comply with those standards; each state and local government has its requirements with which a facility must abide in order to function. However there is not necessarily any consistency from one facility to another. Those Community Mental Health Centers which are beyond their eight year federal funding may disregard the mandate for self-evaluation. Even though Centers which still receive federal funding are mandated to conduct an assessment of mental health needs within their geographical region, N.I.M.H. guidelines do not specify <u>when</u> this assessment is to be conducted. Although

several suggestions are offered (Hagedorn, 1976) as to how this needs assessment is to be done, substantial variability exists among techniques.

Thus the questions remain as whether every country has a statistical reporting system for gathering mental health data, do they use standardized nomenclature for diagnostic classification, and do they publicize findings? Furthermore, does each country evaluate the effectiveness of mental health services and/or do they assess the need for such services? A report published by W.H.O. in 1966 presented the types of statistical data collected and reported by European countries, however, the findings are now obsolete and do not query other forms of evaluation.

Financing of Mental Health Care

Due to the increasing costs of both medical and mental health care federally-funded medicaid and medicare programs remunerate facilities that provide services to the poor and the elderly. Individuals who can afford to pay for private health insurance or out-of-pocket may obtain reimbursement for mental health services obtained. Those individuals who cannot afford to pay for treatment or for private health insurance to obtain reimbursement and, concomitantly, are not eligible for medicaid due to the income restriction may be deprived of such services (Baskin, 1980). If a National Health Insurance plan is implemented, perhaps some of the inequities will be addressed. However, under the current

system people in need of services may often fail to obtain them. A recent survey (Sargent, 1979) conducted for N.I.M.H. indicated that private health insurance coverage for mental illness is available in only twenty states and of these states, only ten mandate inclusion for such coverage. A discussion of the history of financial aspects of the mental health system in the United States is proffered by Brown (1979). Since comparisons between the practices of other countries are enlightening it is of interest to ascertain whether there is government financing of mental health care in other countries and whether private health insurance is available to those who desire it. The World Health Organization, in a survey of eight countries conducted by the European Regional Office in 1969, concluded that information about the financial provisions for mental health services was not available. A later study in 1973 examined health insurance policies for mental illness but this study, too, was based on visits to only seven European countries.

KEY

a. Statistics kept for inpatient facilities. Outpatient statistics uncollected or unanalyzed.

b. Partial coverage

c. Pan American Health Organization

d. Acute care only

e. From England

f. United States in addition to native consultants

g. From another province (Ontario)

h. Various countries

i. From W.H.O. (World Health Organization)

While hypotheses as to the differences in aspects of the mental health systems between countries may not be empirically based, it is expected nevertheless that more technologically developed countries will have a greater range of services, more refined evaluation of services, and greater awareness of the availability of treatment for mental illness on the part of medical personnel. It will be meaningful to learn if countries that finance mental health care offer a different range of treatment services from those whose government do not finance such care.

Method

An International Mental Health/Psychiatric questionnaire was distributed to every country represented in the United Nations in order to assess the following for each country:

I. Mental Health Policy

A. Is mental health policy determined separately from medical policy?

B. Is mental health policy determined by a centralized governing policy?

C. Is mental health policy determined by decentralized governing agencies?

II. Range of Mental Health Services

Which of the following types of facilities or services does each country provide: inpatient, partial hospitalization, outpatient, community-based, or preventive mental health.

III. Awareness of Mental Health Services

To what extent are medical professionals and facilities aware of the range of services offered by mental health professionals and facilities?

IV. Evaluation of Services

A. Does each country have a statistical reporting system for gathering information on mental health?

B. In diagnosing mental illness, does each country use the International Classification of Disease?

C. Does each country make public the breakdowns of psychiatric diagnoses?

D. Does each country have procedures for evaluating the effectiveness of mental health services?

E. Have studies been conducted to assess the need for mental health services?

V. Financing of Mental Health Care

To what extent is mental health care government-financed or reimbursable through health insurance?

The distribution of respondents by continents is as follows: Africa - 5, United Kingdom and Europe - 8, Asia - 7, North America - 11 (including 9 Canadian provinces), South and Central America - 3, and Oceania - 8 (including 7 Australian territories).

In many cases it was difficult to ascertain which is the responsible mental health governmental agency. Questionnaires were often sent to the director of the mental health agency when the name of that individual was not publicly available or available upon inquiry.

Results

Responses to questions concerning mental health policy are cited in Table 1. A majority (60%) of the respondents indicated that mental health policy is determined separately from medical policy in their country. Although it was anticipated that less developed countries might not distinguish between medical and mental health policies, this was not confirmed by the survey.

With the exception of six respondents, all of the countries or provinces stated that a centralized governing agency exists which determines mental health policy. However, more than one third (36%) of the respondents also claimed that regional or provincial governing agencies determine mental health policy. For example, the province of South Australia responded that both centralized and provincial agencies regulate policy whereas the province of New South Wales declared that only the centralized agency determine policy.

In regard to the range of mental health treatment services available, every country and province, except for the province of Northwest Territory in Canada, reported that it provided inpatient hospitalization for mentally ill patients. The population of Northwest Territory may not be sufficiently large to justify the establishment of inpatient services so that patients in need of such treatment may be sent to another province. Only six countries do not offer partial hospitalization facilities for mental health care: Brazil, Egypt, Malaysia, Nicaragua, Rhodesia, and Sierra Leone. Brazil and Nicaragua were also the only two countries which do not provide outpatient treatment for mental illnesses. Most (83%)

MENTAL HEALTH POLICY

Table 1

COUNTRY	1. Is mental health policy determined by separately from medical health	2. Is mental health policy determined by a centralized governing agency?	3. Is mental health policy determined by regional/prov. governing agencies?
Australia			
New South Wales	YES	YES	NO
Northern Terr.	NO	YES	NO
Queensland	YES	YES	NO
South Australia	NO	YES	YES
Tasmania	YES	YES	NO
Victoria	NO	YES	NO
Western Australia	YES	YES	YES
Austria	NO	NO	YES
Bahamas	NO	YES	NO
Belgium	NO	YES	YES
Bermuda	YES	YES	NO
Brazil	NO	YES	YES
Burma	YES	YES	NO
Canada			
Alberta	YES	YES	NO
British Columbia	YES	YES	YES
New Brunswick	YES	YES	NO
New Foundland	YES	YES	NO
Northwest Terr.	NO	NO	NO
Prince Edward Isl.	NO	YES	NO
Quebec	NO	NO	YES

MENTAL HEALTH POLICY

Table 1

COUNTRY	1. Is mental health policy determined by separately from medical health	2. Is mental health policy determined by a centralized governing agency?	3. Is mental health policy determined by regional/prov. governing agencies?
Saskatchewan	YES	YES	YES
Yukon	NO	NO	YES
Denmark	YES	YES	YES
Egypt	NO	YES	NO
Finland	YES	YES	YES
Indonesia	NO	YES	NO
Ireland, Northern	YES	YES	NO
Israel	YES	YES	NO
Malaysia			
Netherlands	NO	YES	YES
New Zealand	YES	NO	YES
Nicaragua	NO	YES	NO
Rhodesia	NO	YES	NO
Sierra Leone	NO	YES	NO
Singapore	NO	YES	NO
South Africa	YES	YES	NO
Sweden	NO	YES	YES
Thailand	NO	YES	NO
Venezuela	NO	YES	NO
West Germany	NO	NO	YES
Zambia	NO	YES	NO
Korea	-	-	-

Table 2

COUNTRY	4. Does your country have inpatient hospitalization facilities for mental health care?	5. Does your country have partial hospitalization facilities for mental health care?	6. Does your country have outpatient/clinic hospital based facilities for mental health care?	7. Does your country have community based facilities for mental health care?	Does your country have a preventive health care program for mental health?
Australia					
New South Wales	YES	YES	YES	YES	YES
Northern Terr.	YES	YES	YES	YES	NO
Queensland	YES	-	-	-	-
South Australia	YES	YES	YES	YES	NO
Tasmania	YES	YES	YES	YES	YES
Victoria	YES	YES	YES	YES	YES
Western Australia	YES	YES	YES	YES	YES
Austria	YES	YES	YES	YES	NO
Bahamas	YES	YES	YES	YES	YES
Belgium	YES	YES	YES	NO	NO
Bermuda	YES	YES	YES	NO	NO
Brazil	YES	NO	NO	YES	NO
Burma	YES	YES	YES	YES	YES
Canada					
Alberta	YES	YES	YES	YES	YES
British Columbia	YES	YES	YES	YES	NO
New Brunswick	YES	YES	YES	YES	YES
New Foundland	YES	YES	YES	NO	YES
Northwest Terr.	NO	YES	NO	NO	YES
Prince Edward Isl.	YES	YES	YES	YES	NO
Quebec	YES	YES	YES	YES	YES

Table 2

COUNTRY	4. Does your country have inpatient hospitalization facilities for mental health care?	5. Does your country have partial hospitalization facilities for mental health care?	6. Does your country have outpatient/clinic hospital based facilities for mental health care?	7. Does your country have community based facilities for mental health care?	Does your country have a preventive health care program for mental health?
Saskatchewan	YES	YES	YES	YES	YES
Yukon	YES	YES	YES	YES	YES
Denmark	YES	YES	YES	-	NO
Egypt	YES	NO	YES	YES	YES
Finland	YES	YES	YES	YES	NO
Indonesia	YES	YES	YES	YES	YES
Ireland, Northern	YES	YES	YES	YES	YES
Israel	YES	YES	YES	YES	YES
Malaysia	YES	NO	YES	YES	NO
Netherlands	YES	YES	YES	YES	YES
New Zealand	YES	YES	YES	YES	YES
Nicaragua	YES	NO	NO	NO	YES
Rhodesia	YES	NO	YES	YES	NO
Sierra Leone	YES	NO	YES	NO	NO
Singapore	YES	YES	YES	YES	NO
South Africa	YES	YES	YES	YES	YES
Sweden	YES	YES	YES	YES	YES
Thailand	YES	YES	YES	YES	YES
Venezuela	YES	YES	YES	YES	YES
West Germany	YES	YES	YES	YES	NO
Zambia	YES	YES	YES	NO	NO
Korea	YES	-	YES	-	-

Table 3

EVALUATION OF SERVICES

COUNTRY	9. Does your country have a statistical reporting system for gathering information on mental health?	10. In diagnosing mental illness, does your country use the International Classification of Disease (ICD-9)?	11. Does your country have a recent breakdown of psychiatric diagnoses-in-	12. Does your country have a procedure for evaluating the effectiveness of mental health services?	13. Do you use consultants from outside of the count to conduct the above eval. stated in ques.7?	14. Have studies been conducted which determine the need for mental health services in your country?	Do you use consultants from outside of the country to conduct the above studies stated in
Australia							
New South Wales	YES[a]	YES	YES[a]	NO	NO	YES	NO
Northern Terr.	YES[a]	YES	NO	NO	NO	NO	NO
Queensland	YES	YES	YES	NO	NO	NO	NO
South Aust.	YES	YES	YES	YES	NO	YES	NO
Tasmania	YES	YES	YES	NO	NO	YES	NO
Victoria	YES	YES	YES	YES	NO	YES	NO
Western Aust.	YES	YES	YES	YES	NO	YES	NO
Austria	YES	NO	NO	NO	NO	YES	NO
Bahamas	YES	YES	YES	NO	NO	YES	YES
Belgium	YES	NO	NO	NO	NO	NO	NO
Bermuda	NO	YES	NO	NO	NO	YES	YES[c]
Brazil	YES	YES	NO	NO	NO	YES	NO
Burma	YES	NO	NO	NO	NO	YES	NO
Canada							
Alberta	YES	YES	YES	YES	NO	YES	NO
British Col.	YES	YES	YES	YES	NO	YES	NO
New Brunswick	YES	YES	YES	NO	NO	YES	YES[f]
New Foundland	YES	YES	NO	NO	NO	YES	NO
Northwest Terr.	YES	YES	NO	NO	NO	YES	NO
Prince Edward Is	YES	YES	NO	NO	YES[g]	YES	YES[g]
Quebec	YES	YES	NO	NO	NO	YES	NO

Table 3

COUNTRY	Does your country have a statistical reporting system for gathering information on mental health? 9.	In diagnosing mental illness, does your country use the International Classification of Disease (ICD-9)? 10.	Does your country have a recent breakdown of psychiatric diagnoses 11.	Does your country have a procedure for evaluating the effectiveness of mental health services? 12.	Do you use consultants from outside of the count to conduct the above eval. stated in ques.7? 13.	Have studies been conducted which determine the need for mental health services in your country? 14.	Do you use consultants from outside of the country to conduct the above studies stated in ques. 8?
Saskatchewan	YES	YES	YES	YES	NO	YES	YES[h]
Yukon	YES	YES	YES	YES	NO	YES	NO
Denmark	YES	YES	YES	YES	NO	YES	NO
Egypt	YES	YES	NO	NO	NO	YES	NO
Finland	YES	YES	NO	YES	NO	YES	NO
Indonesia	YES[a]	YES	-	NO	NO	YES	YES
Ireland, Northern	YES	YES	YES	NO	NO	YES	NO
Israel	YES	YES	NO	NO	NO	YES	NO
Malaysia	YES	YES	NO	YES	YES[l]	YES	YES
Netherlands	YES	YES	NO	NO	NO	YES	NO
New Zealand	YES	YES	YES	NO	NO	YES	NO
Nicaragua	YES	YES	NO	YES	NO	NO	NO
Rhodesia	YES[a]	YES	NO	NO	NO	NO	NO
Sierra Leone	YES	NO	NO	NO	NO	NO	NO
Singapore	YES	YES	YES	NO	NO	YES	NO
South Africa	YES	YES	NO	NO	NO	YES	NO
Sweden	YES	NO	YES	NO	NO	YES	NO
Thailand	YES	YES	YES	NO	NO	YES	YES
Venezuela	YES	YES	NO	NO	NO	YES	NO
West Germany	NO	YES	NO	YES	NO	YES	NO
Zambia	YES	YES	YES	NO	NO	NO	NO
Korea	NO	YES	NO	NO	-	NO	-

Table 4

COUNTRY	AWARENESS OF MENTAL HEALTH SERVICES: As a rule, are medical professionals awaie of the range of services offered by mental health professionals? 16.	As a rule, are medical facilities aware of the range of services offered by mental health facilities? 17.	MENTAL HEALTH INSURANCE COVERA: Does your courtry have government financed health insurance to cover mental health? 18.	Does your country have private heal h insurance systems which cover mental health?
Australia				
New South Wales	YES	YES	NO	NO
Northern Terr.	YES	YES	NO	YES
Queensland	YES	YES	-	-
South Australia	YES	YES	YES	YES
Tasmania	YES	YES	NO	YES
Victoria	YES	YES	YES	YES
Western Aust.	YES	YES	YES	YES
Austria	YES	YES	YES[b]	YES
Bahamas	YES[c]	YES	NO	YES[c]
Belgium	YES	YES	YES	NO
Bermuda	YES	YES	YES	YES
Brazil	YES	YES	YES	NO
Burma	YES	YES	YES	NO
Canada				
Alberta	YES	YES	YES	NO
British Col.	YES	YES	YES	YES
New Brunswick	YES	YES	YES	YES
New Foundland	YES	YES	YES	YES
Northwest Terr.	YES	YES	YES	YES
Prince Edward Is	YES	YES	YES	NO
Quebec	YES	YES	YES	NO

Table 4

COUNTRY	As a rule, are medical professionals aware of the range of services offered by mental health professionals? 16.	As a rule, are medical facilities aware of the range of services offered by mental health facilities? 17.	Does your country have government financed health insurance to cover mental health? 18.	Does your country have private health insurance systems which cover mental health? 19
Saskatchewan	NO	NO	YES	YES
Yukon	YES	YES	YES	YES
Denmark	YES	YES	YES	NO
Egypt	YES	YES	YES	NO
Finland	YES	YES	YES	YES
Indonesia	YES	YES	YES	YES
Ireland, Northern	YES	YES	YES	YES
Israel	YES	YES	NO	YES
Malaysia	YES	YES	NO	NO
Netherlands	YES	YES	YES	YES
New Zealand	YES	YES	YES	YES
Nicaragua	YES	YES	NO	NO
Rhodesia	YES	YES	NO	YES
Sierra Leone	YES	YES	NO	NO
Singapore	YES	YES	NO	NO
South Africa	NO	YES		YES
Sweden	NO	NO	YES	NO
Thailand	NO	YES	NO	NO
Venezuela	-	-	NO	NO
West Germany	YES	YES	YES	YES
Zambia	YES	YES	NO	NO
Korea	-	-	-	-

level of economic development and government-financing. A comparable majority (55%) of respondents reported that they have at least some private health insurance coverage for mental illness. Most of the countries that offer government-financing of health insurance also have the availability of private health insurance, but the concordance was not total. On the one hand, Belgium, Brazil, and Sweden for example offer government-financing but not private health insurance; on the other hand, Rhodesia and South Africa have private insurance coverage but do not offer government-financing to cover mental illness.

Discussion

Although the number of countries which participated in this survey was greater than that of all of the other cited cross-cultural surveys conducted by the World Health Organization, there were notable underrepresentations from some continents. Eastern European countries did not respond at all nor did some technologically-advanced countries such as Japan, Italy and France. North Africa and Central American countries also did not have adequate representation. It was assumed that the responses given were reflective of each contry as a whole for it was difficult to asses the validity of many of the responses. Where possible corroboration of responses was checked via published literature and information disseminated by the respective country. However, on-site investigations were not undertaken, although they would be informative.

It was surprising to find that so many countries, both economically advantaged and disadvantaged, do not determine mental health policy separately from medical policy. Although merging mental health policy with medical policy may give legitimacy to the former, such an approach obfuscates the need for an elaboration of such policy and does not promote public awareness of mental health needs. Similarly there are advantages and disadvantages in the determination of mental health policy by a centralized governing agency. On the one hand, a centralized agency can standardize procedures, assure that implementation is uniform, and

provide greater resources for training and research than decentralized agencies. On the other hand, decentralized provincial or local agencies may have a greater understanding of the needs, resources and capacities of its constituency. Unfortunately when both centralized and decentralized agencies determine and regulate there is often duplicity of regulations which may increase the size of the bureaucracy while decreasing the power of the service delivery system. Future research comparing policies and structural implementation would be a worthwhile undertaking.

The finding that differences in the range of mental health services was not attributable to the nature of financing of mental health (i.e. government-financing) was contrary to initial expectations. However it would seem that the economical development of countries did predict gaps in service delivery and it was this variable that overrode the financing issue. The trend in this country toward community-based facilities for the mentally ill seems to be equally popular in other countries. It woud behoove future studies to discern whether the local communities in other countries have resisted the establishment of residential homes for the mentally ill in the same manner that this resistance has occurred in some communities in the United States. In many cultures which have extended family units, the care of the mentally ill has always been endogamous so that community-based care is not a new concept for these societies.

An area for future inquiry is that of prevention. Those countries that contended that they have a program for the prevention

of mental illness did not specify what the details of such programs are. Are they primary, secondary or tertiary as defined by Bloom (1979)? To what extent are all denizens informed about the precipitants of mental illness? Are children, adolescents and the elderly made aware of the signs and symptoms of mental illness? Are members of each community encouraged to have yearly check-ups for mental health the way they are for physical health, as suggested by Baskin & Simari (1980).

Despite the fact that most countries indicated that they do collect information on mental illness and that they used standardized procedures for psychiatric diagnostic classification, it was astounding that the plurality of respondents do not tabulate and publicize their findings. Tabulations can easily be computerized and processed in batches even in countries that do not own sophisticated computer hardware and software. Once the tabulations are completed, publicizing the findings would make the general public aware of the scope and dimension of mental illness.

Contrary to seminal expectations, the level of economic development did not completely predict the establishment of procedures for evaluating the effectiveness of mental health services. Most countries do not have such procedures. If the World Health Organization were to organize a group of consultants who are familiar with program evaluation to train individuals in countries that do not have established procedures, these countries could benefit immensely.

With regard to the assessment of mental health needs, the respondents did not indicate which procedures had been utilized. Were assessments based on random sampling of the population, stratified sampling of social service and mental health agencies, community forums or other procedures? Future research in this domain is needed. Similarly, future inquiries could determine how each country insures that medical professionals and facilities are made aware of the range of mental health services as well as how they make referrals to mental health professionals. If each region maintained a well-publicized mental health "referral" agency, medical professionals and the lay public could easily locate a reputable professional or appropriate facility in the local region. This agency could also be contacted by individuals after treatment to inform the agency as to how satisfied they were with treatment. In this manner those professionals who rendered exemplary service could be recommended based upon the accumulation of past experiences.

It would be informative to replicate this survey after the duration of some time in order to ascertain whether there is an ascending trend toward the financing of mental health care through government funding or private health insurance. Such a finding would reinforce the perception that there is an increased awareness around the world for the need for mental health services.

References

1. Attkisson, C.; Hargreaves, W.; Horowitz, M.; and Sorenson, J. Evaluation of Human Service Programs. N.Y.: Academic Press, 1978.
2. Baskin, D. and Simari, C.G. The Psychologist Connection: Service Linkage and Role Definition, Professional Psychology, 35 (4), p 171-173, April, 1980.
3. Baskin, D. Mental Health and the Working Poor. Paper to be delivered to the American Orthopsychiatric Association Annual Conference, 1981.
4. Bloom, B. Prevention of Mental Disorders. Community Mental Health Journal, 15 (3), p 179-191, Fall, 1979.
5. Borus, J.F.; Janowitch, L.A.; and Kieffer, F. The Coordination of Mental Health Services At the Neighborhood Level. American Journal of Psychiatry, 132, p 1177-1181, 1975.
6. Buck, J.A. and Hirschman, R. Economics and Mental Health Services. American Psychologist, p 653-661, July, 1980.
7. Coleman, J.V.; Patrick, D.L. Integrating Mental Health Services Into Primary Medical Care. Medical Care, 14 p 654-661, 1976.
8. Community Mental Health Systems Act, U.S. Congressional Record, September 22, 1980.
9. Davidoff, I.; Guttentag, M. and Offutt, J. Evaluating Community Mental Health Services, U.S. Department of Health, Education and Welfare publication No. (ADM) 77-465, 1977.
10. Eastwood, M.R.; Trevelyn, M.H. Relationship Between Physical and Psychiatric Disorder. Psychological Medicine, 2 p 363-372, 1972.

11. Eisenberg, L. The Interface Between Medicine and Psychiatry. Comprehensive Psychiatry, 20 p 1-15, 1979.

12. Follette, W.; Cummings, N. Psychiatric Services and Medical Utilization in a Prepaid Health Plan Setting, Medical Care, 5 p 25-35, 1967.

13. Goldberg, I.D.; Krantz, A.; Locke, B.Z. Effect of a short-term Outpatient Psychiatric Therapy Benefit on the Utilization of Medical Services in a Prepaid Group Practice Program, Medical Care, 8 p 419-428, 1970.

14. Hagedorn, H.; Beck, K.; Neubert, S. and Werlin, S.H. A Working Manual of Simple Program Evaluation: Techniques for Community Mental Health Centers. Department of Health, Education and Welfare Publication No. (ADM 79-404), 1976.

15. H.E.W. Task Force on the Report to the President from the President's Commission on Mental Health D H.E.W. Publication, December 15, 1978.

16. Jacobson, A.M.; Regier, D.A.; Burns, B. Factors Relating To the Use of Mental Health Services in a Neighborhood Health Center, Public Health Reports, 93 p 232-239, 1978.

17. Jones, K.R. and Vischi, T.R. Impact of Alcohol, Drug Abuse and Mental Health Treatment on Medicaid Care Utilization, A Review of the Research Literature, Supplement to Medical Care, Journal of the Medical Care Section, American Public Health Association, 17 (12), December, 1979.

18. Locke, B.Z. Gardner, E.A. Psychiatric Disorders Among the Patients of General Practitioners and Internists, Public Health Reports, 84 p 167-173, 1969.

19. Meyer, E.; Derogatis, L.R.; Miller, M.; Park, L.C.; Whitemarsh, G.A. Medical Clinic Patients With Emotional Disorders. Psychosomatics, 19 p 611-619, 1978.

20. National Institute of Mental Health, Statistical Series A,B,C,D, U.S. Department of Health Education and Welfare.

21. The Nations Use of Health Resources - 1979. Department of Health, Education and Welfare Publication No. (PHS) 80-1240, 1980.

22. Pincus, H.A. Linking General Health and Mental Health Systems of Care: Conceptual Models of Implementation, American Journal of Psychiatry, 137(3), p 315-320, March 1980.

23. President's Commission on Mental Health: Report to the President Washington, D.C., U.S. Government Printing Office, 1978.

24. Public Law 94-63, U.S. Congressional Record, Washington, D.C.

25. Public Law 95-622, U.S. Congressional Record, Washington, D.C.

26. Sargent, S. Analysis of State Programs Which Mandate Mental Health Benefits Under Private Health Insurance. N.I.M.H. Report #278-78-0040, 1979.

27. Schwab, John J.; Traven, Neal D.; Warheit, George J. Relationship Between Physical and Mental Illness, Psychosomatics, 19(8) p 458-463, 1978.

28. Shepherd, M.; Cooper, B.; Brown, A.C.; Kalton, G. Psychiatric Illness in General Practices, London, Oxford University Press, 1966.

29. W.H.O. Seminar on Public Health Practice and the Prevention of Mental Illness, 1964.

30. W.H.O. (1966) Published National Statistics on Mental Illness in Europe, 1966.

31. W.H.O. (1970) Classification of Mental Health Service Activities, 1969.

32. W.H.O. (1971) Classification and Evaluation of Mental Health Servic Activities, 1970.

33. W.H.O. (1972) Comprehensive Psychiatric Services and the Community, 1971.

34. W.H.O. (1975) Health Insurance and Mental Illness, 1973.

35. W.H.O. (1975) Mental Health Services in Developing Countries, 1973.

36. W.H.O. (1976) Group Meeting on Mental Health and Mental Legislation, 1976.

37. W.H.O. (1976) Mental Health Services in Europe, 1976.